

SUMMARY FORM

**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

Section I: Agreement Details

Public Employer: Board of Education of the Town of Boonton County: Morris

Employee Organization: Boonton Administrators' Association Employees in Unit: 9

Base Year Contract Term: 7/1/2010 6/30/2013 New Contract Term 7/1/2013 6/30/2016

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$1,043,120	\$1,075,202
Item 2	Increment		
Item 3	Longevity	\$110,000	\$110,000
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet			
Additional Items			
Section III: Totals - Sum of costs in each column		\$1,054,120	\$1,185,202
		(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$1,054,120

Effective Date (m/d/yyyy)	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>			
Percent Increase	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>			
Total cost of increase ..	<u>\$20,862</u>	<u>\$21,280</u>	<u>\$21,705</u>			
Total base salary (successor agreement)	<u>\$1,063,982</u>	<u>\$1,085,262</u>	<u>\$1,106,967</u>			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.00

Dollar Impact (average per year over term of agreement) \$21,282.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	\$149,608	\$154,993				
Employee Contributions	\$13,976	\$12,216				
Prescription						
Dental	\$8,820	\$8,996				
Vision						

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: _____ Title: _____

Print Name

_____ Date: _____

Signature